

Being a Peer Community Health Worker: Restoring Ourselves and the Community

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ABSTRACT:

Women on the Road to Health (WORTH) Transitions combines two evidence-based strategies, WORTH and Transitions Clinic Network (TCN) into an intervention for women involved in the criminal legal system with substance use and HIV risks. Led by peer community health workers (CHWs), WORTH Transitions also links participants to primary care. We describe the impact of the program from the perspective of the CHWs. As integral research team members, the CHWs learned to successfully recruit, retain, and empower participants, facilitate the intervention, administer surveys, and help them link with and navigate the healthcare system. Simultaneously, the CHWs developed professional skills and self-efficacy.

KEYWORDS: Women's Health, Community health research, Substance-Related Disorders, Sexually Transmitted Diseases, Prisoners

INTRODUCTION

Women recently released from incarceration are more likely to experience trauma, mental health and substance use disorders, are at greater risk for HIV, and need services that are gender specific and address these co-occurring conditions.¹⁻² The primary objective of Women on the Road to Health (WORTH) Transitions was to empower participants to recognize and use their autonomy for productive health-related decision making.

WORTH Transitions focused on health and harm reduction through group-based intervention sessions and engagement in primary care. The intervention goals were accomplished by engaging CHWs with a history of incarceration to facilitate WORTH Transitions for women recently released from incarceration. CHWs led intervention groups and were essential in all phases of the study from outreach to dissemination. Our goal was to provide the participants with a solid foundation to begin their journey of rebuilding their lives.

While earlier versions of the WORTH intervention (traditional and multimedia) were effective for women on community supervision, this study was undertaken to adapt and implement this intervention with women recently released from incarceration. The addition of CHWs with a history of incarceration as facilitators was designed to combat the stigma that might keep recently released women from accessing services. We provide experiential reflections on WORTH Transitions implementation from the CHW co-authors.

PARTNERING WITH COMMUNITY HEALTH WORKERS

There were three CHWs, two in Rochester, NY and one in New Haven, CT. Both Transition Clinic (TC) sites involved in this study have longstanding community partnerships, both formal and informal, that helped in the recruitment of the CHWs.* They were recruited by reaching out to community organizations providing services to people with histories of incarceration, other community health workers, and by word of mouth and were then hired to be part of this project and also part of the TC where the project was based. All the CHWs who were hired had experience as health educators. The CHWs underwent extensive training. A TCN 12-week CHW training course, led by TCN's senior CHWs, taught them to use their experiences to guide patients recently released from incarceration to navigate healthcare and social service systems. CHWs received additional training from the WORTH training team on implementing the intervention. Intervention sessions were recorded and reviewed by each site's principal investigators and the WORTH training team, with weekly supervision sessions to provide group feedback. This provided a space for the CHWs to discuss challenges and successes, and to improve their intervention skills. The CHWs also provided feedback to each other, voiced their frustrations around recruitment and retention of participants and provided each other with strategies to address any challenges.

METHODS

*These partnerships included community and correctional organizations. Rochester, NY: Jennifer House, Sojourner House, YWCA, Liberty Manor, Willow (transitional housing, women's programs, and shelters) and Monroe County Court, probation and parole. New Haven, CT: Cornell Scott Hill Health Center, Women's Resettlement Working Group, Sex Workers & Allies Network (SWAN), Project MORE/Virginia Wells, and probation and parole.

With this adaptation of the intervention, the aim of WORTH Transitions became two-fold, providing services and support to the participants and professionalizing the community health workers.³ The project was a collaboration between the creators of the original WORTH intervention⁴ based at Columbia School of Social Work and the Transitions Clinic Network⁵ (including the co-founder of TCN and two of the TC site directors).[†]

The Transition Clinic Network was established to provide primary care to people recently released from incarceration. It is a model that includes community health workers with a history of incarceration at every clinic site to engage patients in care and help them navigate the medical and social service systems after release.⁵ In TCN, The CHWs provide an essential connection between the formerly incarcerated person and the medical provider, helping to rebuild trust in the medical system after that trust may have been damaged by past healthcare experiences in and out of incarceration. All of the work, both by primary care teams and in our research, includes input of people with a history of incarceration, including the CHWs who are a core element of every clinic. The CHWs are routinely included as part of any programs, grants, and research study activities developed to create or support those programs.

Although for the purposes of research grants and protocols, certain members of the team are listed as having a leadership role, we operated as a team and were inherently non-hierarchical in nature. The study research team was led by the principal investigator, a clinician scientist who is the director of a TC located in Rochester, NY that only serves women recently released from incarceration. The TCN

[†]Each of the Transitions Clinics is based at an academic medical center and is a collaboration between a medical school and local medical center. Each clinic is led by clinician research faculty at Yale University School of Medicine (YSM) and Rochester School of Medicine (URMC). The team at the Social Intervention Group at Columbia School of Social Work worked in collaboration with the TCN teams at YSM and URMC to adapt the intervention for women with a history of incarceration and to provide support in the implementation and evaluation of the intervention.

co-founder and the director of the TC located in New Haven, CT, both of whom are also clinician scientists were also part of the project and led the second site that was part of WORTH Transitions. All three have over ten years of experience providing primary care to people recently released from prison and extensive experience training, mentoring, and sharing research design planning with formerly incarcerated people. Each study site also had a project director to oversee the data collection activities and support the CHWs in their day-to-day work with participants. The project directors came to their roles with different experience, one had experience in community-based research and the other with many years of experience as a social worker and was someone directly impacted by incarceration. Although CHWs were already part the clinical team at each TC, additional CHWs were hired specifically for this project to facilitate the intervention groups and to join the TC clinical team as the CHW for study participants. The team from Columbia University was also part of the study because they created the original intervention and had previously adapted it for use with women on probation. They adapted this version of the intervention (materials and the app) based on their previous experience implementing the invention with women on probation and with input from the TC team and provided guidance on implementation of the intervention.

The CHWs were full team members in the TC, working with the clinician to guide the care plan for each participant. In the clinical supervision sessions, the CHWs were key to providing each other with feedback and suggestions on dealing with complex issues from their own experiences as CHWs and as women who had histories of incarceration and adding key input that the clinician scientist members of the team could not provide.

Intervention

WORTH Transitions is an evidenced-based multimedia group intervention for women recently released from incarceration.⁶ In the original version of WORTH, the sessions were facilitated by health educators. New to this adaptation of WORTH into WORTH Transitions, both the person facilitating the sessions and the role of the facilitator changed. In this iteration, CHWs with a history of incarceration led the intervention sessions and were part of study recruitment, retention, follow-up survey administration, and assisted participants in connecting to health services (primary care, substance use, behavioral health). This expanded the role of the WORTH Transitions facilitator beyond leading the group sessions and the role of the CHWs in TC, adding experience in group facilitation and research to their CHW skills.

WORTH Transitions had several components and participants were followed for one year, including completing a survey at baseline, 6 months, and 12 months.⁶ Figure 1 provides an overview of the entire study including the various components of the intervention and demographic information about the study sample (n=208). First, a 5-session program called WORTH,⁷ proven to decrease HIV risk behaviors and trauma experiences among women on probation that incorporated a tablet-based app with small group discussions of up to six participants. Secondly, the program provided participants with a CHW with a shared history of incarceration to help them navigate medical and social systems. Finally, participants also had the option to have a primary care physician through our respective trauma and culturally-informed national TCN clinics, which have proven benefit for women reentering from incarceration.⁸ Participants were connected to primary care at a local Transitions Clinic (Women's Initiative Supporting Health Transitions Clinic, Rochester, NY or Transitions Clinic, New Haven, CT). CHWs assisted the participants with accessing primary care, mental health services, substance use disorder treatment, social services, and housing.

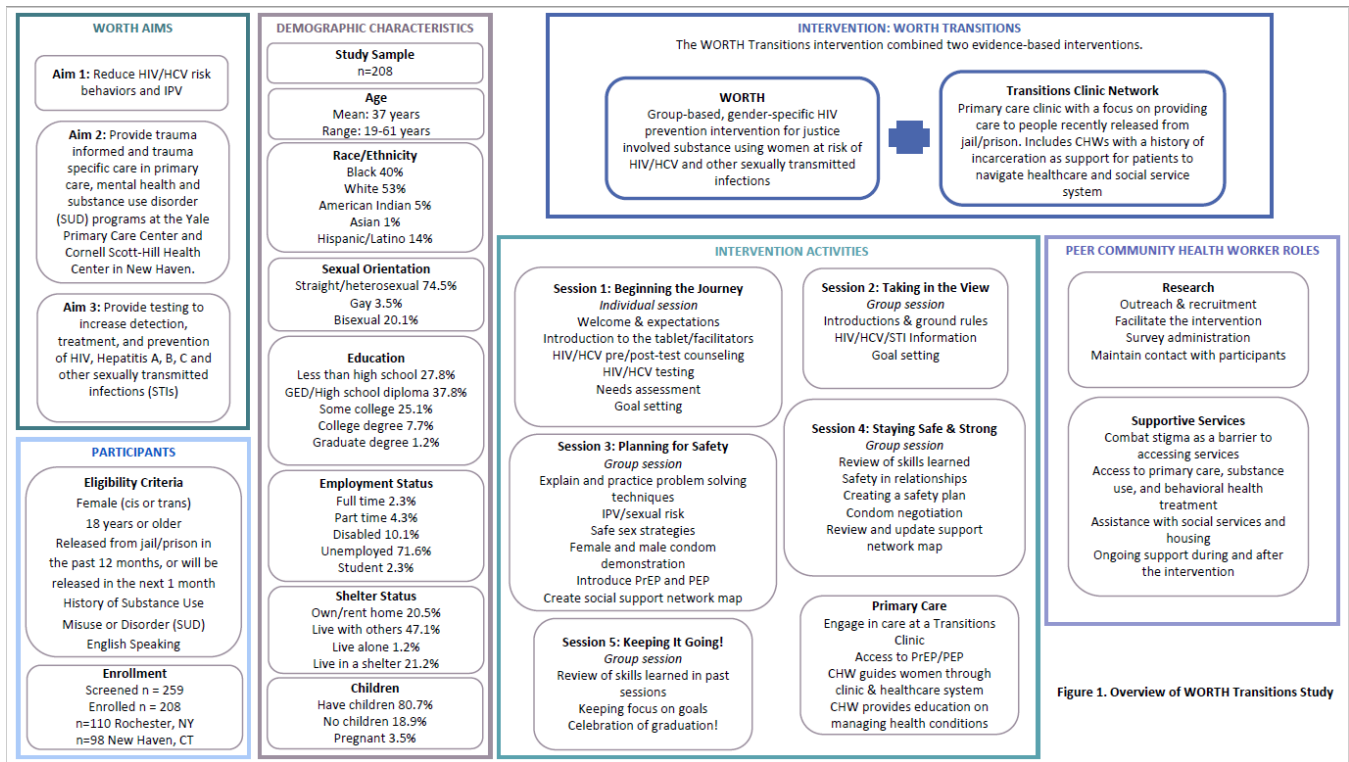


Figure 1. Overview of WORTH Transitions Study

Session 1 (Beginning the Journey) was an individual session where the CHW assessed the participants needs, did HIV and Hepatitis C (HCV) point of care testing, and facilitated goal setting. Participants who tested HIV or HCV positive were referred for treatment and those who were high risk could be referred for HIV Pre-Exposure Prophylaxis (PrEP)/Post-Exposure Prophylaxis (PEP), and all participants were taught harm reduction techniques related to sexual risk and substance use throughout the intervention. Participants who were interested in receiving primary care were scheduled for the next available appointment, typically within two weeks for TCN clinics. CHWs then led sessions 2 through 5, each focused on specific topics, including HIV/HCV/STI prevention and treatment, goal setting, problem solving techniques, intimate partner violence (IPV) risk, and creating social support, ending

with a graduation ceremony and certificate of completion. Sessions 1-5 included the use of the tablet-based WORTH Transitions app, allowing participants to self-pace through the modules and privacy to process their experiences. The CHWs and other group participants provided support.

The CHWs' lived experience helped to reduce stigma as a barrier to accessing services as they were acutely and explicitly aware of the challenges the participants faced^{5,8-9}. The TCN component supported the participants to take charge of and improve their health. The CHWs met the participants in the clinic or the community, assessed their needs, built an action plan, and helped them navigate the healthcare system. By listening to the participants identify their immediate needs, the CHWs were able to determine what community services were the best fit. The CHWs then introduced the participants to the physician and guided them through the appointments, any additional testing, and steps they needed to take between appointments to maintain or improve their health. The study was approved by both the Rochester University and Yale University Institutional Review Boards and the team has no conflicts of interest.

Implementation

The CHWs and rest of the team worked simultaneously in two states implementing WORTH Transitions, allowing them to identify needs and strengths in two different communities. Connections with community partners benefitted recruitment, implementation, and retention. Each site partnered with various transitional houses, sober houses, reentry programs, treatment providers, and other community-based programs to link WORTH Transitions participants with needed services, in addition to the

WORTH Transitions sessions, CHW navigation, and primary care. The partnerships also facilitated social activities for participants to engage with each other and other service providers.

WORTH Transitions also brought value to our partners, providing a gender-specific service in communities where services for women recently released from incarceration were lacking in the reentry space. Our services were dedicated to women coming out of incarceration, led and guided by CHWs with a history of incarceration and provided linkage and engagement to care.

REFLECTIONS

The WORTH Transitions program served 208 women in Rochester, New York, and New Haven, Connecticut who were released from incarceration within the prior year, had a history of substance use disorder and HIV risk factors, and were English speaking (Figure 1). Many of the participants had mental health needs, histories of adult and childhood trauma, homelessness, child welfare system involvement, and chronic medical conditions. The program was flexible to the needs of the participants, so the WORTH Transitions intervention sessions and healthcare related meetings with the CHWs took place in our offices, the primary care clinics, in the community, and in transitional housing.

Throughout this discussion of the intervention, we focus on the CHWs' interpretation of the intervention, the skills they gained, and how they felt the intervention impacted the participants and themselves. The team is developing several papers describing quantitative outcomes of the intervention implementation, but here we focus on the CHW co-authors' descriptions of their experiences.

The CHWs found that WORTH Transitions was beneficial in numerous ways. The clinic component and the support provided by the CHWs helped participants to improve their health and

linkage to needed services. CHWs noticed this in the progress that participants made in getting needed tests and treatments, gaining employment, securing housing, completing training programs, maintaining sobriety, and otherwise remaining connected to community resources and support systems. Table 1 details how the intervention benefited the CHWs and how the CHW were a benefit to the intervention. The CHWs gained a number of skills including group facilitation, techniques for retention of participants, presenting at community organizations, and incorporated some of the skills they taught the participants into their own lives.

Participants also described how the intervention and CHWs benefited them. Table 2 includes quotes from the participants written after their final intervention session. Participants were thrilled at having completed something. Most remarked on the fact that they had started many things, such as going back to school, but never finished. They were very proud of their certificates and noted wanting more contact for themselves. The CHWs shared history of incarceration allowed the participants to connect with and trust them in a way that they might not have connected to someone without this shared history.

The participants learned from each other and they were the best teachers. They recognized that when they missed a session they were missing out on the support and advice of the other participants in their group. This resulted not only in the participants becoming more self-sufficient, but also helped them to realize that they had within themselves what they needed to persevere. The CHWs facilitated the sessions, but the participants slowly became aware of the strengths that they possessed and realized that they needed to begin using those strengths to decrease whatever obstacles they faced. The CHWs encouraged them to never give up and to just keep on trying. Some of the participants are still calling to find out when the next program starts.

At the end of the program, no one said goodbye. The CHWs are still available to the participants and continue to use the skills building techniques with the patients that they see in clinic.

CHALLENGES & LESSONS LEARNED

There were also challenges to implementing WORTH Transitions. At times, it was difficult to get the participants to attend all the WORTH Transitions sessions, as well as clinic and social services appointments. We learned that the CHWs and other project staff had to be flexible with scheduling and location of activities because participants were unstably housed and had other commitments.

During the WORTH Transitions sessions, the participants would speak up if something in the session reminded them of something that was difficult for them to overcome. They were encouraged to share what they were comfortable sharing and received feedback from the facilitator, as well as the other participants. Some of them took advantage of this and some were not ready to share. In the clinic and in their role as health system navigators, the participants often utilized the lived experience of the CHWs to guide them in their journeys.

We had to be creative with our outreach and retention methods in order to recruit and keep the participants engaged. In New Haven we partnered with the Women’s Resettlement Working Group (WRWG), an organization focused on the needs of women returning to the community from incarceration. Together with WRWG we hosted a monthly event where participants could have dinner, find support, and learn about community services. In Rochester, CHWs created a twice monthly support group that had themes such as “Painting with Emotion” and “Health & Beautification,” where participants had a safe space to relax, bond, share, and voice any additional specific needs. We also created other opportunities to get together like hosting an ice cream social in the summer and partnering

with an organization that could provide wellness activities such as Exercise Express, a local Minority Women Owned Business (MWOB).

We found that we needed to be more flexible to retain women in the study. The CHWs were initially supposed to facilitate the intervention and work with participants in the primary care clinics, while the project directors conducted the baseline and follow-up surveys (6 months and 12 months). In order to maximize participant trust and follow-up we had to adapt and train the CHWs to be able to conduct the follow-up surveys in the community. Also, the intervention was intended to be administered to a group of participants, but for some women we had to provide the intervention individually because of the immense challenges the women faced in their daily lives, including trust of groups. The study highlights the importance of including CHW's to help identify and address participant needs.

DISCUSSION

From the CHW perspective, the intervention allowed the participants to form their own support systems as they realized that they have a lot to offer each other. They developed a sense of camaraderie, a challenge for many of the participants, as they often found it difficult to trust others because of past abuse.

An unintended outcome of WORTH Transitions was that the CHWs began to work the program in their own lives, naturally using the skills. Through the process of learning and implementing the intervention, CHWs found themselves identifying negative self-talk in their own lives and using the skills they were teaching the participants to address problems. The group and individual sessions brought up challenges the CHWs also faced and as they worked through these problems with the participants, they found that they were also able to work through some of their own past experiences.

The CHWs extended their reach beyond the typical CHW work. They learned new clinical and research skills and grew both personally and professionally through this project. Table 1 illustrates the components of the interventions and how they benefited both the CHW and how the CHWs brought added benefits to the intervention. The primary strength of this study is the role of the CHWs in all aspects of the intervention, including as authors of this manuscript. This description of the WORTH Transitions intervention includes only observational data. Therefore, we did not seek to correlate quantitative participant outcomes with the CHWs' experience and participant feedback.

CONCLUSION

WORTH Transitions brought together two groups with unique experience in both of the individual interventions (WORTH and TC) to leverage the power of involving peer CHWs. Combined WORTH Transitions created a space where both the participants and CHWs grew from their interactions with each other. Moreover, the participants are part of the local community and could share the skills and information that they learned with other women, furthering the reach and influence of WORTH Transitions. This experience also demonstrates that CHWs with a shared history of incarceration were acceptable and appreciated by the participants, and themselves benefitted in engaging this stigmatized population.

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Table 1. Community Health Workers' Engagement in the WORTH Transitions Intervention

Intervention Component	Role of CHWs	Benefit to CHWs	Benefit of CHW Involvement
STI testing (Session 1)	Collect & test blood sample for HIV & HEP C rapid testing	Learning a new skill and expand on existing health education skills	Encourage initial engagement in the study and
Group sessions (Sessions 2-5)	Facilitate group intervention sessions	Increased confidence and integration of skills being taught to the participants into their own lives	CHWs history of incarceration facilitated the engagement of participants in
Health & behavioral health care	Connection to and navigation of primary care, substance use, and behavioral health treatment assist in navigation of care	Acquired knowledge of a variety of community agencies	Knowledge of programs and direct communication with staff allows for a warm hand off.
Social service navigation	CHW helped the women navigate social services including shelter, housing applications, children's services,	In-depth knowledge of the inner workings of the system	Prior knowledge allows for better preparation when gathering required documents
Legal advocacy	Referrals to legal assistance and letters and court advocacy (by CHW and Medical Legal Partnership-MLP). Assisted in preparing applications for pardons.	Extensive understanding of internal mechanisms	CHWs had personal and professional knowledge of the process and could anticipate the needs of the women dealing with family, civil, criminal court issues.

Recruitment & Retention	Recruit and maintain connection with participants to ensure completion of intervention and follow-up surveys	Acquire skills that assist in building and sustaining relationships and program interest for participants and community referral sources.	Implement learned skills that aid participants with engagement and completion of program
Follow-up survey administration	Sustain long-term connection with clients	Allowed CHW's to stay informed of real time progress / barriers	Accessibility of CHW's for support with barriers or help with further progress
Ongoing support	Long-term commitment to engagement with participants	Refines skill sets that are required to be impactful in our position	Support system for participants

Table 2. Participant Views of WORTH Transitions

Benefits of WORTH Transitions Participation	Participant Views of the Facilitators (CHWs)
<p>I never thought I would get anything out of the group. Yet still, to this day, I remember this thing called POP. Problem, Option and Plan helped me to assess my problem, thought about options and immediately plan how to do it. Because of this, I would recommend WORTH to every woman who needs it to be a part of it. Another cool part about WORTH was receiving a certificate at the end of the program. The certificate reminds you that you can go through something and accomplish it. The program was WORTH the time.</p>	<p>(CHW) was an excellent instructor. I felt really comfortable sharing all of my thoughts with the women. Everything was kept confidential. I loved meeting with both (Project Director) and (CHW) to do the WORTH study. It also was really informative. It was nice to meet with a group of women that were doing the same thing I was. Thank you so much for letting me participate in the WORTH Study.</p>
<p>My learning process for the past five weeks has been great. I learned very big steps; how to have safe sex, try not to let drinking make answers for you. Have a safe plan, safe talk, safe word. I learned to love myself more because I matter. Make sure I set goals and boundaries for myself and try to have faith that I can do it. I know I am so “WORTH” it. Learn to believe in yourself. The facilitators were great, always made sure that when I feel I wanna talk I can call. My five weeks have been comfortable and very relaxing. To talk more to my safe person. I feel even better because my drinking has decreased in so many ways and I love it myself my “WORTH”.</p>	<p>I have learned a lot in WORTH as in I’m WORTH it, how to put together a safety plan, safe and healthy life. I learned my HIV status as well as my Hep C status. I also had a great facilitator (CHW). She is very caring and understanding to whatever you were going through. If you need help with anything as in doctor’s appointments or domestic violence, substance abuse, she will gladly help. I am happy I came and will use the tools I learned.</p>